



# SWIM LESSONS

Session 1 – July 7 – July 25, 2008

**OR**

Session 2 – July 28 – August 15, 2008

Monday, Wednesday & Friday

9:45 AM – 10:15 AM: Level 3A

10:25 AM – 10:55 AM: Level 2A

11:05 AM – 11:35 PM: Level 1A

11:45 AM – 12:05 PM: Bubble Blowers

12:10 PM – 12:30 PM: Bubble Blowers

1:10 PM – 1:40 PM: Level 1B

1:50 PM – 2:20 PM: Level 2B

2:30 PM – 3:00 PM: Level 3B

3:10 PM – 3:40 PM: Level 4

3:50 PM – 4:20 PM: Level 5

4:30 PM – 5:00 PM: Level 6

See the summer brochure for level descriptions!

Each session subject to space availability.

Cost is \$10.00 per session. This program is open only to Nottingham residents.

This schedule is subject to change based upon enrollment. Please complete both sides of this form and return it

with \$10.00 to the Recreation Department, PO Box 114,

Nottingham, NH 03290. Checks should be made out to the Town of Nottingham.

Call the Recreation office at 679-3435 for more information.

PARTICIPANT'S NAME: \_\_\_\_\_ LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_



**SWIM REGISTRATION/PARENTAL PERMISSION FORM 2008**

(Please complete a separate form for each participant.)

Program name \_\_\_\_\_

Participant \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

I/We \_\_\_\_\_ and \_\_\_\_\_, parents of the above-named participant do  
parent or legal guardian parent or legal guardian

hereby give permission for him/her to participate in the above-named Nottingham Recreation Department program. We/I acknowledge that we/I have reviewed the list of activities contemplated to be part of the program & give permission for our/my child to participate in these activities, with the following exceptions: \_\_\_\_\_

**Emergency Information**

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel. Contact information (please provide a minimum of two numbers – *at least* the first number should be a parent/home):

1. Name \_\_\_\_\_ Number \_\_\_\_\_ Ext \_\_\_\_\_ Hours \_\_\_\_\_  
(Parent)

2. Name \_\_\_\_\_ Number \_\_\_\_\_ Ext \_\_\_\_\_ Hours \_\_\_\_\_

3. Name \_\_\_\_\_ Number \_\_\_\_\_ Ext \_\_\_\_\_ Hours \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family doctor \_\_\_\_\_ Dr's phone number \_\_\_\_\_

Medical information (include *all* allergies, medications, and medical conditions) \_\_\_\_\_

Insurance (provider, group #, etc) \_\_\_\_\_

**Waiver/Release**

While the Town of Nottingham agrees to make all reasonable efforts within its power to provide a safe and secure environment for children in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore, the undersigned agrees to indemnify and hold harmless the Town of Nottingham, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my child's participation in this program.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

The Nottingham Recreation Department \_\_\_\_\_ HAS \_\_\_\_\_ DOES NOT HAVE my permission to use any photo of my child taken during the above program in recreation displays/printed material. **Please initial** \_\_\_\_\_

**Certification for Joint Offspring – JOINT CUSTODY ONLY**

I hereby certify that as one of two joint custodians of my child, I have conferred with the other custodian, whose name is \_\_\_\_\_, to execute this form on his/her behalf as well as my own.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date received \_\_\_\_\_ Cash / Check (# \_\_\_\_\_) Amount \_\_\_\_\_

Notes: